

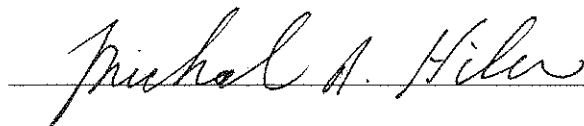
**Certification by State or Local Official of PHA Plans Consistency with  
the Ohio Consolidated Plan**

I, Michael A. Hiler, Chief, OHCP, Ohio Department of Development certify

that the 2010-2014 Five-Year Plan and 2010 Annual PHA Plan of

the Cambridge Metropolitan Housing Authority is consistent with the Consolidated Plan

of the State of Ohio prepared pursuant to 24 CFR Part 91.



Date: January 8, 2010


Michael A. Hiler, Chief  
Office of Housing and Community Partnerships  
Ohio Department of Development

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Tom Orr the Mayor of the City of Cambridge certify that the Five Year and  
Annual PHA Plan of the Cambridge MHA is consistent with the Consolidated Plan of  
City of Cambridge prepared pursuant to 24 CFR Part 91.

 1/6/10

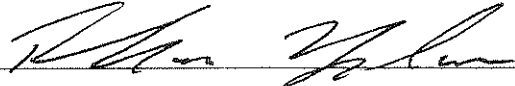
Signed / Dated by Appropriate State or Local Official

Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Tom Laughman the President, Guernsey County Commissioners certify that the Five Year and  
Annual PHA Plan of the Cambridge MHA is consistent with the Consolidated Plan of  
Guernsey County prepared pursuant to 24 CFR Part 91.

 1/6/10

Signed / Dated by Appropriate State or Local Official

**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ~~5~~ 5-Year and/or ~~Y~~ Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

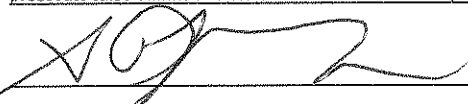
Cambridge MH1  
PHA Name

0433  
PHA Number/HA Code

☒ 5-Year PHA Plan for Fiscal Years 20 10 - 20 14

☒ Annual PHA Plan for Fiscal Years 20 10 - 20 11

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

<p>X</p> <p></p> <p>Name of Authorized Official</p>	<p>Title</p> <p><u>Vice Chairman</u></p>
<p>Signature</p> <p><u>Steve Marvin</u></p>	<p>Date</p> <p><u>1.12.10</u></p>

**Certification for  
a Drug-Free Workplace**

U.S. Department of Housing  
and Urban Development

Applicant Name Cambridge Metropolitan Housing Authority  
Program/Activity Receiving Federal Grant Funding Public Housing/HCV/Capital Fund

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official <u>Jolinda Barzani</u>	Title <u>Ex. Director</u>
Signature <u>Jolinda Barzani</u>	Date <u>1.6.10</u>

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

CAMBRIDGE METROPOLITAN HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING / HOUSING CHOICE VOUCHER / CAPITAL FUND

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

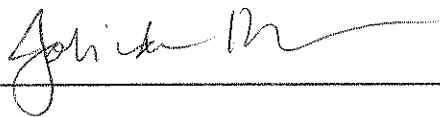
Name of Authorized Official

JOLINDA BARANICH

Title

Executive Director

Signature



Date (mm/dd/yyyy)

12.29.09

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> A a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> B a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input checked="" type="checkbox"/> A a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> CAMBRIDGE METROPOLITAN HOUSING AUTHORITY P.O. BOX 1388, 1100 MAPLE COURT CAMBRIDGE OH 43725  Congressional District, if known: _____		
<b>6. Federal Department/Agency:</b> U.S.DEPT OF HOUSING & URBAN DEVE			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Jolinda Baranich</u> Print Name: <u>JOLINDA BARANICH</u> Title: <u>Executive Director</u> Telephone No.: <u>(740) 439-6651</u> Date: <u>12.29.09</u>		
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Civil Rights Certification****Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Cambridge MHA  
PHA Name

DH 33  
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Jolinda Baranich

Title

Asst. Director

Signature

[Signature]

Date

1.6.10

# PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

OMB No. 2577-0226  
Expires 4/30/2011

1.0	<b>PHA Information</b> PHA Name: <u>Cambridge Metropolitan Housing Authority</u> PHA Code: <u>OH33</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>				
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>181</u> Number of HCV units: <u>694</u>				
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Cambridge Metropolitan Housing Authority is committed to building stronger communities by providing quality housing options coupled with professional services for residents in our jurisdiction.				
5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <ol style="list-style-type: none"> <li>1) Expand the supply of Assisted Housing</li> <li>2) Improve the quality of Assisted Housing</li> <li>3) Increase Assisted Housing Choices</li> <li>4) Offer additional resident services to Public Housing Residents</li> <li>5) Promote Self-Sufficiency in Assisted Housing</li> <li>6) Ensure Equal Opportunity and Affirmatively Further Fair Housing</li> </ol> <p>Cambridge MHA has met many of its goals from the previous 5-Year Plan. CMHA has applied for additional vouchers but has not received any additional funding for such. CMHA has improved specific management functions that include improvement to our Section 8 and Public Housing Programs. CMHA has modernized many units of Public Housing. CMHA annually offers outreach to potential Housing Choice Voucher landlords. Additionally, CMHA has upgraded security improvements to their public housing sites.</p> <p><u>Statement In Regard to VAWA</u></p> <p>The Cambridge Metropolitan Housing Authority adopted revisions to its Public Housing Admissions and Continued Occupancy Policy and its Section 8 Housing Choice Voucher Program Administrative Plan to address the requirement of the Violence Against Women Act. Those revisions were adopted by Resolution of the Board of Commissioners of the Cambridge Metropolitan Housing Authority on July 24, 2007. The Cambridge Metropolitan Housing Authority notified residents of the Public Housing Program and the Section 8 Housing Choice Voucher Program through written mail of the requirements of the Violence Against Women Act in February of 2008, and also incorporated that information in its Housing Choice Voucher Program briefings and Public Housing lease signings. All staff who work with clients of the Public Housing Program and Section 8 Housing Choice Voucher Program were given training and all necessary information regarding the Act. Refresher training will be scheduled periodically.</p>				
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Nothing has been revised (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Copies of the Plan may be obtained from the main office located at 1100 Maple Court, Cambridge, Ohio 43725.				
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.				
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. See attached report				
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				

8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. There are 473 families on the waiting list for the HCVP. 82% of the families are extremely low-income, 17.5% are very low income and less than 1% are low income. There are 309 families with children, 10 elderly families, and 3 families with disabilities. 151 were non-elderly, non-disable families without children. There are 14 families on the waiting list for PH. One family is extremely low-income, 8 families are very low income and 5 families are low income. There are 2 families with children, 11 elderly families, and 0 disabled families.
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> CMHA plans to continue several strategies to address housing needs of families. Under the Section 8 Housing Choice Voucher Program, CMHA plans to increase the number of households assisted by applying for additional HCV as opportunities become available. CMHA will continue to affirmatively further fair housing and market the Program to attract new landlords.
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The Plan submitted this year is the first of the 5-Year and Annual Plan. Therefore there is no progress to report.  (b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial Deviation from the 5-Year Plan – Any change to the Mission will be considered a substantial deviation. Significant Amendment or Modification to the Annual Plan – any change to admissions preferences for Public Housing or the Section 8 Housing Choice Voucher Program.
11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note: Faxed copies of these documents will not be accepted by the Field Office.</b>  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. -Community Service: This is a good policy. -Live-In Aides background check: This is good. People can take advantage if this is not done. -Sending EIV printout with annual paperwork: If this will make things easier this is good because it is what is used to help determine rent. Informing of rights under VAWA: This makes sense. This is good and informative.  There were no recommendations from the RAB. They were supportive of the changes made this past year as evidenced by their comments.  (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

# **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA Name: Cambridge Metropolitan Housing Authority				Grant Type and Number Capital Fund Program Grant No: OH 16 P033 50109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report									
Line No.	Summary by Development Account	Original	Revised	Obligated	Total Actual Cost				
1	Total non-CFP Funds		435,810						
2	1406 Operations		57,500						
3	1408 Management Improvements	3,000	0						
4	1410 Administration	25,873	25,873						
5	1411 Audit								
6	1415 Liquidated Damages								
7	1430 Fees and Costs								
8	1440 Site Acquisition								
9	1450 Site Improvement	61,200	200,100		8,500				
10	1460 Dwelling Structures	146,665	322,125		2,361.75				
11	1465.1 Dwelling Equipment—Nonexpendable		19,950						
12	1470 Nondwelling Structures	5,000	5,000						
13	1475 Nondwelling Equipment	17,000	64,000						
14	1485 Demolition								
15	1490 Replacement Reserve								
16	1492 Moving to Work Demonstration								
17	1495.1 Relocation Costs								
18	1499 Development Activities								
19	1501 Collateralization or Debt Service								
20	1502 Contingency								
21	Amount of Annual Grant: (sum of lines 2 – 20)	258,738	258,738						
22	Amount of line 21 Related to LBP Activities								
23	Amount of line 21 Related to Section 504 compliance								
24	Amount of line 21 Related to Security – Soft Costs	3,000							
25	Amount of Line 21 Related to Security – Hard Costs								
26	Amount of line 21 Related to Energy Conservation		41,000						

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary									
PHA Name: Cambridge Metropolitan Housing Authority				Grant Type and Number Capital Fund Program Grant No: OH 16 P033 50109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report									
Line No.		Summary by Development Account		Total Estimated Cost		Total Actual Cost			
				Original Revised		Obligated Expended			
Measures									

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: Cambridge Metropolitan Housing Authority		Grant Type and Number Capital Fund Program Grant No: OH16 P033 50109 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
PHA-Wide	Operations	1406		0	57,500				
PHA-Wide	Management Improvements	1408		3,000	0				
PHA-Wide	Administration	1410		25,873	25,873				
PHA-Wide	Fees and Costs	1430		0					
PHA-Wide	Site Improvements	1450		61,200	200,100				
PHA-Wide	Dwelling Structure	1460		146,665	322,125				
PHA-Wide	Dwelling Equipment- Non	1465		0	19,950				

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part II: Supporting Pages**

[illegible]

PHA Name: Cambridge Metropolitan Housing Authority	Grant Type and Number Capital Fund Program No: OH16 P033 50109 Replacement Housing Factor No:	Federal FY of Grant: 2009
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## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement**

[illegible]

## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part I: Summary						
PHA Name	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5	<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide		FFY Grant: PHA FY: 2011	FFY Grant: PHA FY: 2012	FFY Grant: PHA FY: 2013	FFY Grant: PHA FY: 2014	
	Annual Statement					
HA-WIDE		123,000	140,500	134,000	133,000	
OH033-001		140,700	138,200	114,150	99,200	
OH033-003		180,900	219,200	234,200	166,200	
OH033-004		30,700	26,200	37,200	26,700	
OH033-005		20,100	26,000	19,900	22,000	
OH033-006		20,100	20,600	20,100	20,100	
OH033-007		9,500	31,750	13,500	19,250	
OH033-008		12,700	7,200	7,700	9,000	
CFP Funds Listed for 5-year planning		578,700	609,650	580,750	493,450	
Replacement Housing Factor Funds						



## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities				Activities for Year: 2012		
Activities for Year 1	Activities for Year : 2011 FFY Grant: OH16 P033 50112 PHA FY: 2011			FFY Grant: OH16 P033 50113 PHA FY: 2012		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA-WIDE	Computer Equipment	\$5,000	HA-WIDE	Computer Equipment	\$20,000
Annual Statement	HA-WIDE	Admin Salaries/Oper	\$88,000	HA-WIDE	Admin Salaries/Oper	\$90,500
	OH033-01,03,04	Concrete Replacement	\$81,000	OH033-01,03,04,05,08	Concrete Replacement	\$61,500
	HA-WIDE	Landscaping/Fencing	\$8,200	OH033-01,03,04,05,06,07	Landscaping/Fencing	\$9,400
	HA-WIDE	Kitchen/Bath Renovation	\$31,000	OH033-01,03,05,07,08	Kitchen/Bath Renovation	\$42,500
	OH033-01,03,04,05,06,07	Interior Painting/Wallpaper/Drywall	\$34,600	OH033-01,03,04,05,06,07	Interior Painting/Wallpaper/Drywall	\$24,600
	HA-WIDE	Carpet/Vinyl	\$38,000	OH033-01,03,04,05,06,07	Carpet/Vinyl	\$41,000
	OH033-01,05	Door Replacement	\$9,100	OH033-01,03,05	Door Replacement	\$8,700
	OH033-04,05,07	Window/Roof	\$70,500	OH033-01,04,06,08	Window/Roof	\$119,000
	HA-WIDE	Automobile/Truck	\$20,000	OH033-04	Basement Floor	\$4,000
	OH033-01,03,04,05,06	Appliances	\$16,900	OH033-01,03,04,05,07,08	Appliances	\$15,950
	OH033-01,03	Police Protection Security Cameras	\$6,000	OH033-01,03	Police Protection Security Cameras	\$4,000
	OH033-01,03,05,08	Locks & Hardware	\$34,000	OH033-04,06,07	Locks & Hardware	\$15,000
	OH033-03	Washer/Dryers	\$2,000	HA-WIDE	Automobile/Truck	\$25,000
	OH033-03	Boiler/Elevator/Chiller	\$34,000	OH033-03	Boiler/Elevator/Chiller	\$34,000
	OH033-01,03	Office/Patio Furniture	\$2,000	OH033-01	Office/Patio Furniture	\$1,000
	OH033 - 03,05	Electrical System/Light	\$37,800	OH033 01,03,04,05	Electrical System/Light	\$31,500
	OH033-06	Siding	\$4,000	OH033-05	Siding	\$14,500
	HA-WIDE	Storage Renovation	\$5,000	HA-WIDE	Storage Renovation	\$5,000
	HA033-08	AC/Furnace	\$3,600	HA033-08	AC/Furnace	\$1,500
	OH033-01,03,04,05,06	Gutters/Downspouts	\$2,000	OH033-03	Entry/Nurse Call	\$30,000
	OH033-01,03,04,05,06	Insulation	\$41,000	OH033-05	Sewer Line Replacement	\$2,000
	HA-WIDE	Tractor/Mower	\$5,000	OH033-01,03,04,05,06	Gutters/Downspouts	\$9,000

## 8. Capital Fund Program Five-Year Action Plan

Total CFP Estimated Cost	\$578,700	\$609,650
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### Capital Fund Program Five-Year Action Plan

#### Part II: Supporting Pages—Work Activities

Activities for Year: 2013 FFY Grant: OH16 P033 50114 PHA FY: 2013			Activities for Year: 2014 FFY Grant: OH16 P033 50115 PHA FY: 2014		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-WIDE	Computer Equipment	\$5,000	HA-WIDE	Maintenance Vehicle Automobile	\$25,000
HA-WIDE	Admin Salaries/Oper	\$94,000	HA-WIDE	Computer Equip	\$5,000
OH033-01,03,04,07	Concrete Replacement	\$68,000	HA-WIDE	Admin Salaries/Op	\$98,000
HA-WIDE	Landscaping	\$7,200	OH033-01,03,04,05,06	Concrete Replacement	\$64,000
OH033-01,03,06,08	Kitchen/Bath Renovation	\$35,000	HA-Wide	Landscaping	\$7,200
OH033-01,03,04,05,06,07	Interior Painting/Wallpaper/Drywall	\$24,100	OH033-01,03,04,05,07	Kitchen/Bath Ren	\$32,500
OH033-01,03,04,05,06	Carpet/Vinyl	\$40,000	OH033-01,03,04,05,06,07	Interior Painting/Plastering/Drywall	\$20,600
OH033-01,03,05	Door Replacement	\$8,950	OH033-01,03,04,05,06,07,08	Carpet/Vinyl	\$41,000
OH033-01,04,05,07	Window/Roof	\$110,500	OH033-01,03,05,06	Door Replacement	\$7,200
OH033-05	Basement Floor	\$5,000	OH033-01,04,05,06,07	Window/Roof	\$42,500
OH033-01,03,04,05,06	Appliances	\$14,900	OH033-01,04,06	Electrical System/Lights	\$26,000
OH033-01,03	Police Protection Security Cameras	\$5,000	OH033-01,03	Police Protection Security Cameras	\$27,000
OH033-01	Locks & Hardware	\$3,000	OH033-01,03,04,07	Appliances	\$14,950
HA-WIDE	Maintenance Vehicle Automobile	\$25,000	OH33-05	Locks/Hardware	\$3,000
OH033-03	Boiler/Elevator/Chiller	\$19,000	OH033-03	Washer/Dryers	\$5,000
OH033-03	Fire System	\$45,000	OH033-03	Boiler/Elevator/Chiller	\$25,000
OH033 - 04,05	Electrical System/Light	\$21,300			
OH033-07	Siding	\$9,000	OH033 -06	Siding	\$9,000
HA-WIDE	Storage Renovation	\$5,000	OH033-01,05,08	AC / Furnace	\$4,500
OH33-01,06,07,08	AC/Furnace	\$4,600	HA-WIDE	Storage Renovation	\$5,000
OH033-01,03,04,05,06	Fencing	\$1,000	OH033-07	Sewer Line	\$4,000
OH033-01	Community Rm Furnishings	\$200	OH033-01,03,04,05,06	Fencing	\$5,000
HA-WIDE	Tractor/Mowing Equipment	\$5,000	OH033-03	Community Rm Furnishings	\$4000

**8. Capital Fund Program Five-Year Action Plan**

			OH033-01,04,05,06,07	Gutters/Downspouts	\$10,000
OH033-07	Sewer Line	\$25,000	OH033-03	Office/Patio Furniture	\$8,000
Total CFP Estimated Cost		\$580,750			\$493,450